

# Provider Update

March 1, 2022

DOH Deputy Secretary Laura C. Parajón, M.D., M.P.H  
Infectious Disease Bureau Chief Dan Burke  
NW Regional Health Officer Miranda Durham, M.D.

# NM DOH Mission

*To ensure health equity, we work with our partners to promote health and well-being, and improve health outcomes for all people in New Mexico.*

## Goals



**We expand equitable access** to services for all New Mexicans



**We ensure safety** in New Mexico healthcare environments



**We improve health status** for all New Mexicans



**We support each other** by promoting an environment of mutual respect, trust, open communication, and needed resources for staff to serve New Mexicans and to grow and reach their professional goals

# COVID-19 Overview

# Timeline:

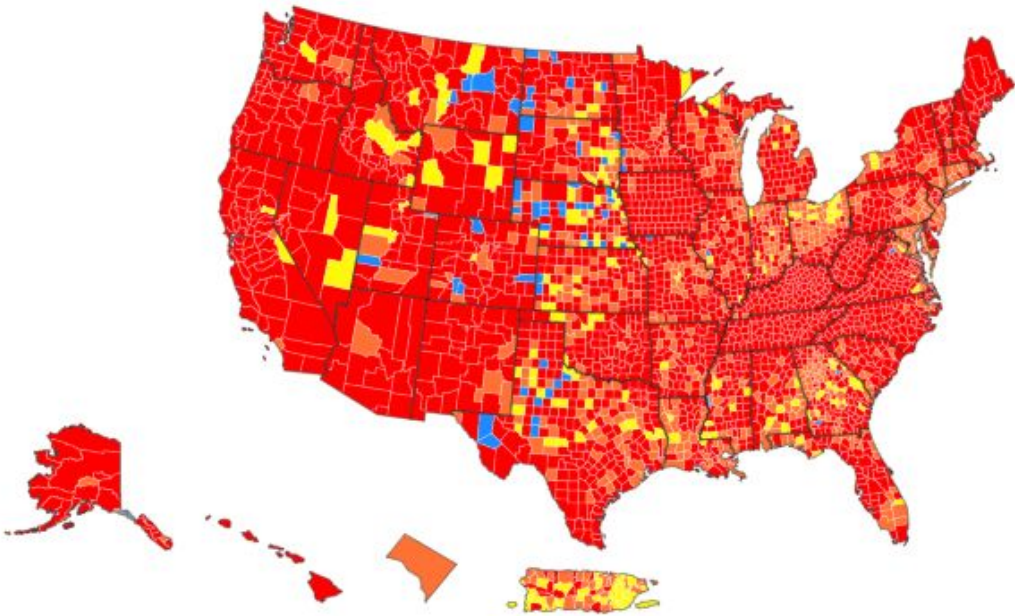
Phases open through 1C2. Friday 3.19.21  
Self scheduling for 75+ started 3.29.21  
Self scheduling for booster doses started Thursday 4.1.21  
All phases opened Monday 4.5.21  
Self scheduling for those 60+ started Thursday 4.8.21  
Janssen pause 4.12.21  
DOH posts event code online - on purpose! For MEGA event 4.16.21  
Self scheduling for 40+ starts Monday 4.19.21  
Janssen pause lifted 4.23.21  
Homebound button implemented 4.23.21  
Self Scheduling for 16+ starts Monday 4.26.21  
Age categories change on the dashboard 4.30.21 (now tracking 65+)  
Vaccine Event Request Form implemented 5.10.21  
Pfizer EUA expanded to include children aged 12 – 15. approved by ACIP Wednesday 5.12.21  
Pfizer EUA extends vaccine storage from 5 days to 31 days in the refrigerator 5.20.21  
NM announces state-wide vaccine lottery Tuesday 6.1.21  
100\$ Incentive program for completed vaccine series Monday 6.14 – Thursday 6.17  
NMAA allows vaccinated student athletes to compete without masks - Friday 6.17  
60% fully vax declared Friday 6.18.21; reached 60% on dashboard Wednesday 6.23.21  
Texas data added to NMSIIS Tuesday 6.29.21: 22,908 first doses, 12,104 second doses and 1,260 doses of J&J.  
Dashboard changes to reporting 18+ and 12 – 17 in separate categories – Thursday 7.8.21  
Second round of \$100 incentive announced Thursday, 7.29.21 and starts Monday 8.2.21  
“Additional Dose” of mRNA vaccine approved for immunocompromised individuals by CDC – Friday 8.13.21  
FDA grants full approval to Pfizer – Monday 8.23.21  
August Incentive ends 8.31.21; opt in period ends 9.10.21  
FDA VRBPAC authorizes Pfizer boosters for 65+ and high risk – Friday 9.17.21  
CDC recommends single Pfizer booster at 6 months for certain high-risk populations 9.23.21  
Dashboard metric changed from “age at time of vax” to “age now” and federal data added to race/ethnicity metric- 10.8.21  
VRBPAC recommends Moderna and J&J boosters 10.14 - 10.15.21  
CDC authorizes Moderna, J&J and Mix&Match boosters 10.22.21  
FDA authorizes pediatric Pfizer vaccine (for ages 5 – 11) on 10.29.21  
ACIP/CDC recommends pediatric Pfizer on 11.2.21  
Boosters open to all 18+ in NM Friday 11.12.21  
FDA/ACIP approve boosters for all 18+ 11.19.21

# Timeline (cont.)

<b>12.8.21</b>	The F.D.A. authorizes AstraZeneca's <u>Evusheld</u> for emergency use
<b>12.9.21</b>	Pfizer boosters approved for 16 - 17 year olds
<b>12.22.21</b>	The F.D.A. authorizes Pfizer's Paxlovid for emergency use
<b>12.23.21</b>	The F.D.A. authorizes Merck's Molnupiravir for emergency use
<b>1.3.22</b>	The F.D.A. authorizes Pfizer vaccine boosters for everyone 12 and older and expanded 3rd dose for immune compromised individuals to include 5 - 11 year olds
<b>1.3.22</b>	The F.D.A changes booster dose time frame for Pfizer to "at least 5 months from primary series completion".
<b>1.7.22</b>	NM DOH recommends halting BAM/ETE and REGEN-COV due to high proportion of Omicron
<b>1.7.22</b>	The F.D.A changes booster dose time frame for Moderna to "at least 5 months from primary series completion".
<b>1.31.22</b>	Moderna's SpikeVax FDA approved
<b>2.4.22</b>	Moderna's SpikeVax endorsed by ACIP and CDC
<b>2.11.22</b>	booster interval for immune compromised people changed to 3 months (and other changes)
<b>2.11.22</b>	Bebtelovimab approved (Eli Lilly) for 12+
<b>2.17.22</b>	NM mask mandate lifted - except in healthcare, LTCF's, residential treatment centers, State correctional facilities, juv justice
<b>2.21.22</b>	change to weekly vaccine reporting (on Tuesdays)
<b>2.22.22</b>	vax interval changed to allow for up to 8 weeks between first and second dose
<b>2.24.22</b>	FDA amends Evusheld EUA with increased dose



# COMMUNITY TRANSMISSION ACROSS THE USA



Determining Transmission Risk

If the two indicators suggest different transmission levels, the higher level is selected

Low

Moderate

Substantial

High

New cases per 100,000 persons in the past 7 days\*

<10

10-49.99

50-99.99

≥100

Percentage of positive NAATs tests during the past 7 days\*\*

<5%

5-7.99%

8-9.99%

≥10.0%

[CDC COVID Data Tracker](#)

02/27/22

UNITED STATES LEVEL OF COMMUNITY TRANSMISSION

High

7 DAY CASE RATE PER 100,000

145.1

7 DAY PERCENT POSITIVITY

5.03%

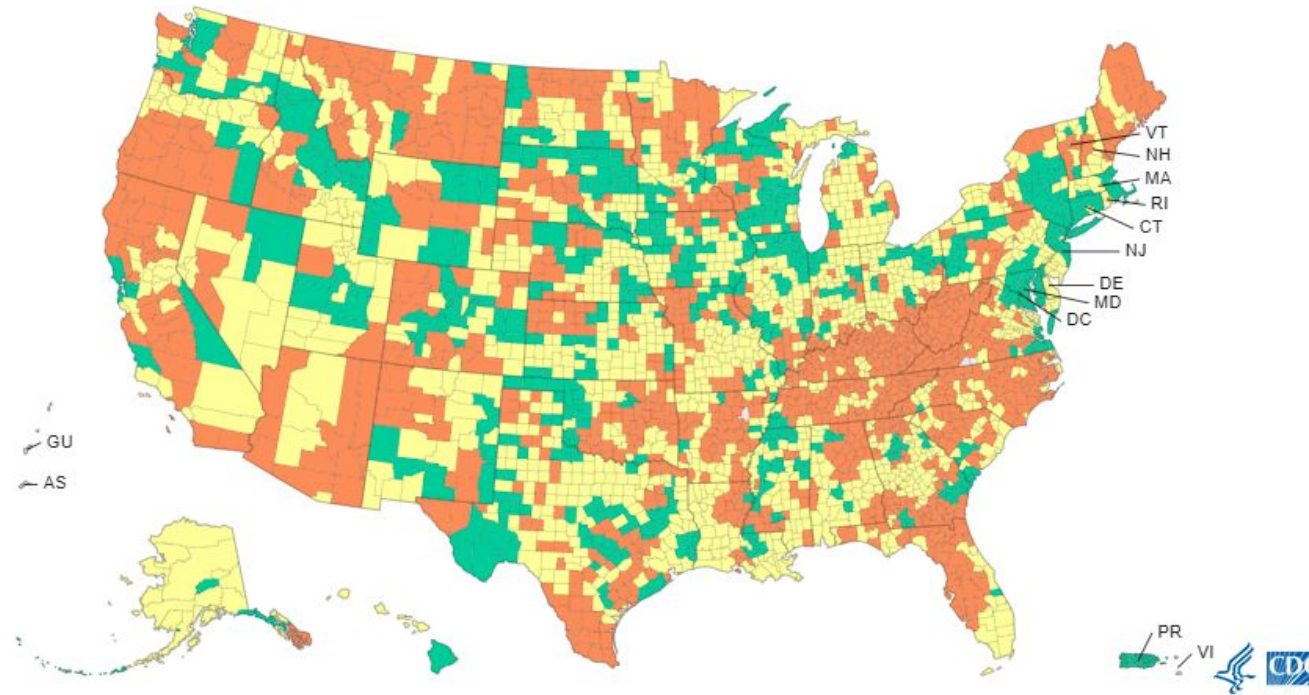
CDC | Data as of: February 27, 2022 1:59 PM ET. Posted: February 27, 2022 3:22 PM ET

**NEW!**

# U.S. COVID-19 Community Levels by County

Data provided by CDC

Updated: Feb. 24, 2022



## Legend

High

Low

Medium

N/A

<https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html>

# NEW METRICS

COVID-19 Community Levels – Use the Highest Level that Applies to Your Community				
New COVID-19 Cases Per 100,000 people in the past 7 days	Indicators	Low	Medium	High
Fewer than 200	New COVID-19 admissions per 100,000 population (7-day total)	<10.0	10.0-19.9	≥20.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	<10.0%	10.0-14.9%	≥15.0%
200 or more	New COVID-19 admissions per 100,000 population (7-day total)	NA	<10.0	≥10.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	NA	<10.0%	≥10.0%

The COVID-19 community level is determined by the higher of the new admissions and inpatient beds metrics, based on the current level of new cases per 100,000 population in the past 7 days

<https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html>





## COVID-19 County Check

Find community levels and prevention steps by county.

Select a Location (all fields required)

New Mexico

McKinley County

Go

< Start Over

### High

In McKinley County, New Mexico, community level is **High**.

- Wear a [mask](#) indoors in public
- Stay [up to date](#) with COVID-19 vaccines
- [Get tested](#) if you have symptoms
- Additional precautions may be needed for people [at high risk for severe illness](#)

### What Prevention Steps Should You Take Based on Your COVID-19 Community Level?

Low	Medium	High
<ul style="list-style-type: none"><li>• Stay <a href="#">up to date</a> with COVID-19 vaccines</li><li>• <a href="#">Get tested</a> if you have symptoms</li></ul>	<ul style="list-style-type: none"><li>• If you are <a href="#">at high risk for severe illness</a>, talk to your healthcare provider about whether you need to wear a mask and take other precautions</li><li>• Stay <a href="#">up to date</a> with COVID-19 vaccines</li><li>• <a href="#">Get tested</a> if you have symptoms</li></ul>	<ul style="list-style-type: none"><li>• Wear a <a href="#">mask</a> indoors in public</li><li>• Stay <a href="#">up to date</a> with COVID-19 vaccines</li><li>• <a href="#">Get tested</a> if you have symptoms</li><li>• Additional precautions may be needed for people <a href="#">at high risk for severe illness</a></li></ul>
People may choose to mask at any time. People with symptoms, a positive test, or exposure to someone with COVID-19 should wear a mask.		
If you are immunocompromised, learn more about <a href="#">how to protect yourself</a> .		

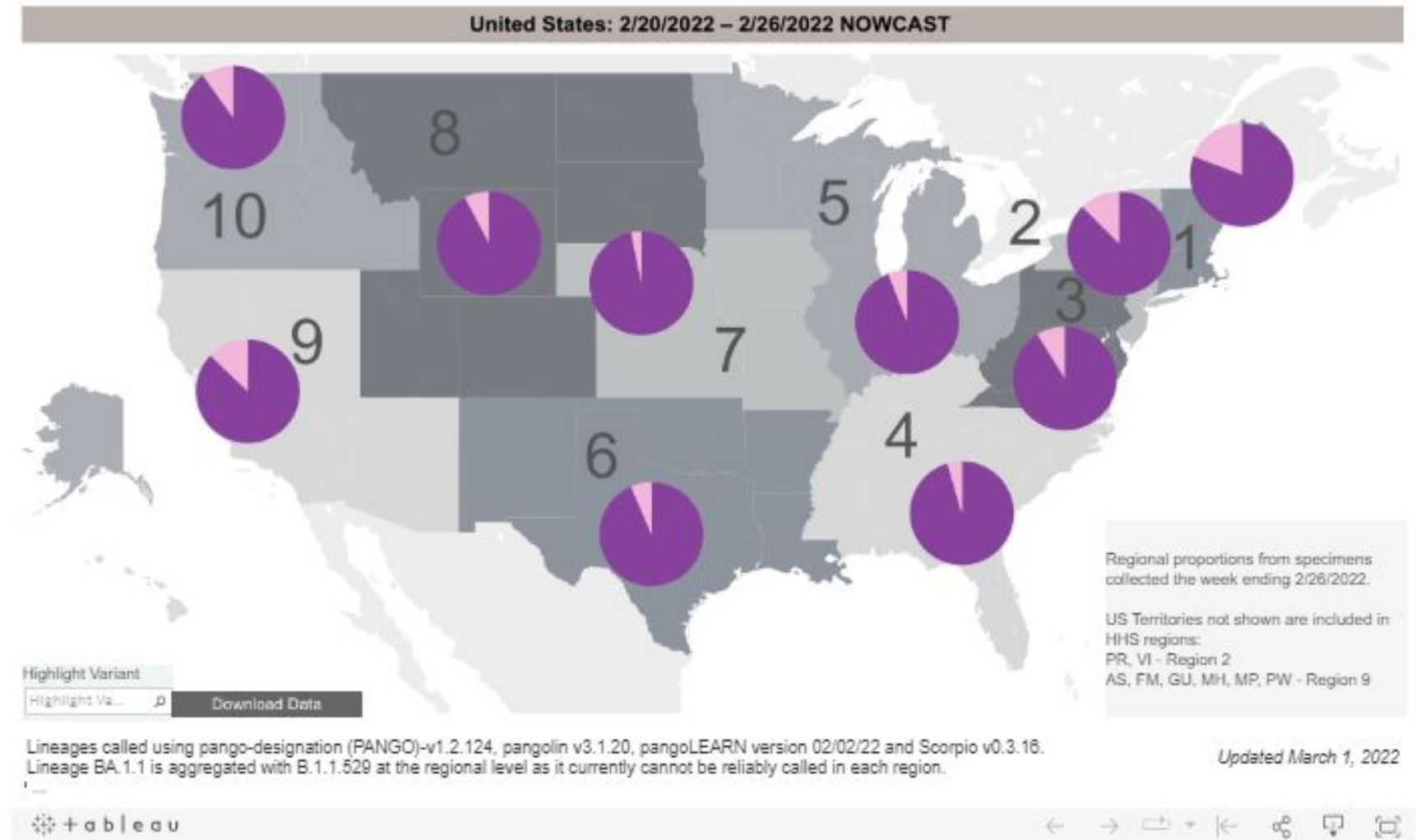
COVID-19 Community level	Individual- and household-level prevention behaviors	Community-level prevention strategies (as recommended by state or local authorities)
Low	<ul style="list-style-type: none"> <li>• Stay up to date with COVID-19 vaccines and boosters</li> <li>• Maintain improved ventilation throughout indoor spaces when possible</li> <li>• Follow CDC recommendations for isolation and quarantine, including getting tested if you are exposed to COVID-19 or have symptoms of COVID-19</li> <li>• If you are immunocompromised or <a href="#">high risk</a> for severe disease <ul style="list-style-type: none"> <li>– Have a plan for rapid testing if needed (e.g., having home tests or access to testing)</li> <li>– Talk to your healthcare provider about whether you are a candidate for treatments like oral antivirals, PrEP, and monoclonal antibodies</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Distribute and administer vaccines to achieve high community vaccination coverage and ensure health equity</li> <li>• Maintain improved ventilation in public indoor spaces</li> <li>• Ensure access to testing, including through point-of-care and at-home tests for all people <ul style="list-style-type: none"> <li>– Communicate with organizations and places that serve people who are immunocompromised or at <a href="#">high risk</a> for severe disease to ensure they know how to get rapid testing</li> </ul> </li> <li>• Ensure access and equity in vaccination, testing, treatment, community outreach, support services for disproportionately affected populations</li> </ul>

may not apply to healthcare settings such as hospitals or LTCFs

**BA.2 is  
estimated to be  
8% of cases per  
CDC NowCast**

updated 3/1/22

no SGTF so not as easy to identify



<https://covid.cdc.gov/covid-data-tracker/#variant-proportions>



## Cases

DAILY NEW CASES

● **23.6** PER 100K

INFECTION RATE

● **0.59**

POSITIVE TEST RATE

● **15.7%**

266

Extreme

Critical

High

Medium

75

25

10

1

Apr

Jun

Aug

Oct

Dec '20

Feb

Apr

Jun

Aug

Oct

Dec '21

Feb

23.6

Over the last week, New Mexico has averaged 494 new confirmed cases per day (23.6 for every 100,000 residents). [About this data](#)

Share



## Cases

DAILY NEW CASES

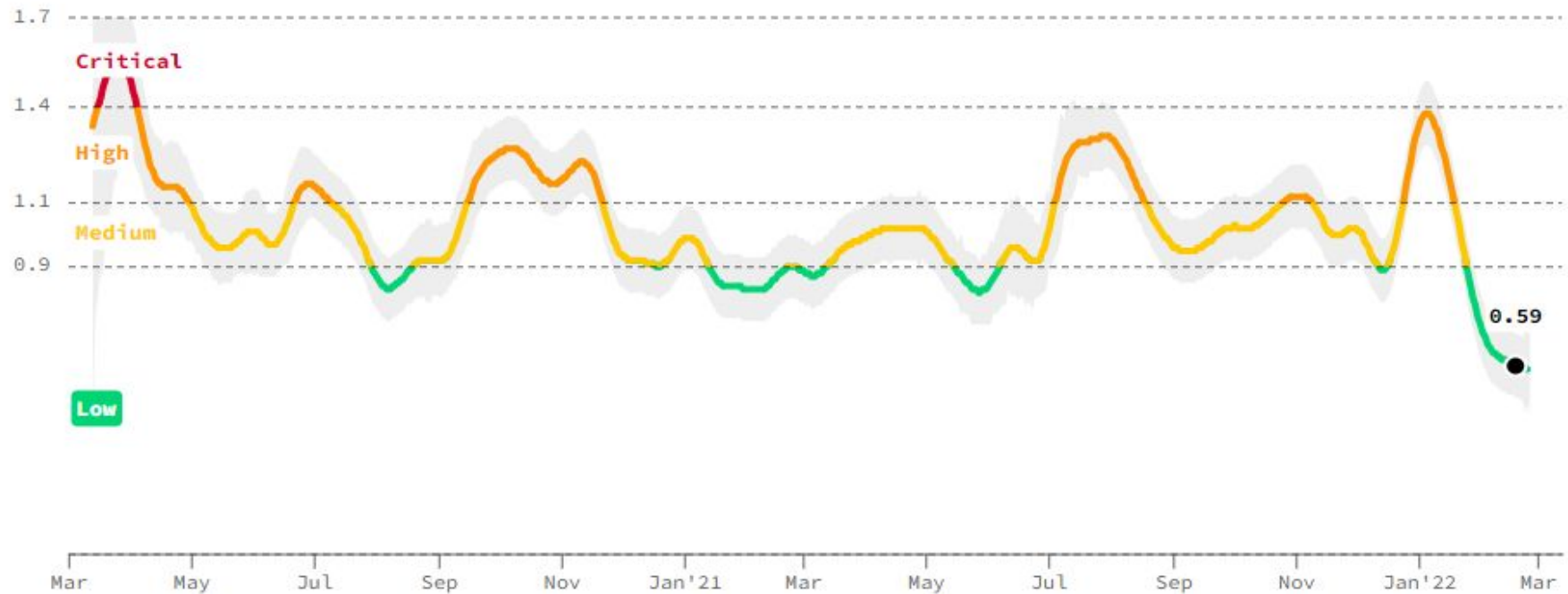
● **23.6** PER 100K

INFECTION RATE

● **0.59**

POSITIVE TEST RATE

● **15.7%**



On average, each person in New Mexico with COVID is infecting 0.59 other people. Because each person is infecting fewer than one other person, the total number of current cases in New Mexico is shrinking.

Share

About this data

# Hospitalizations

ICU USED

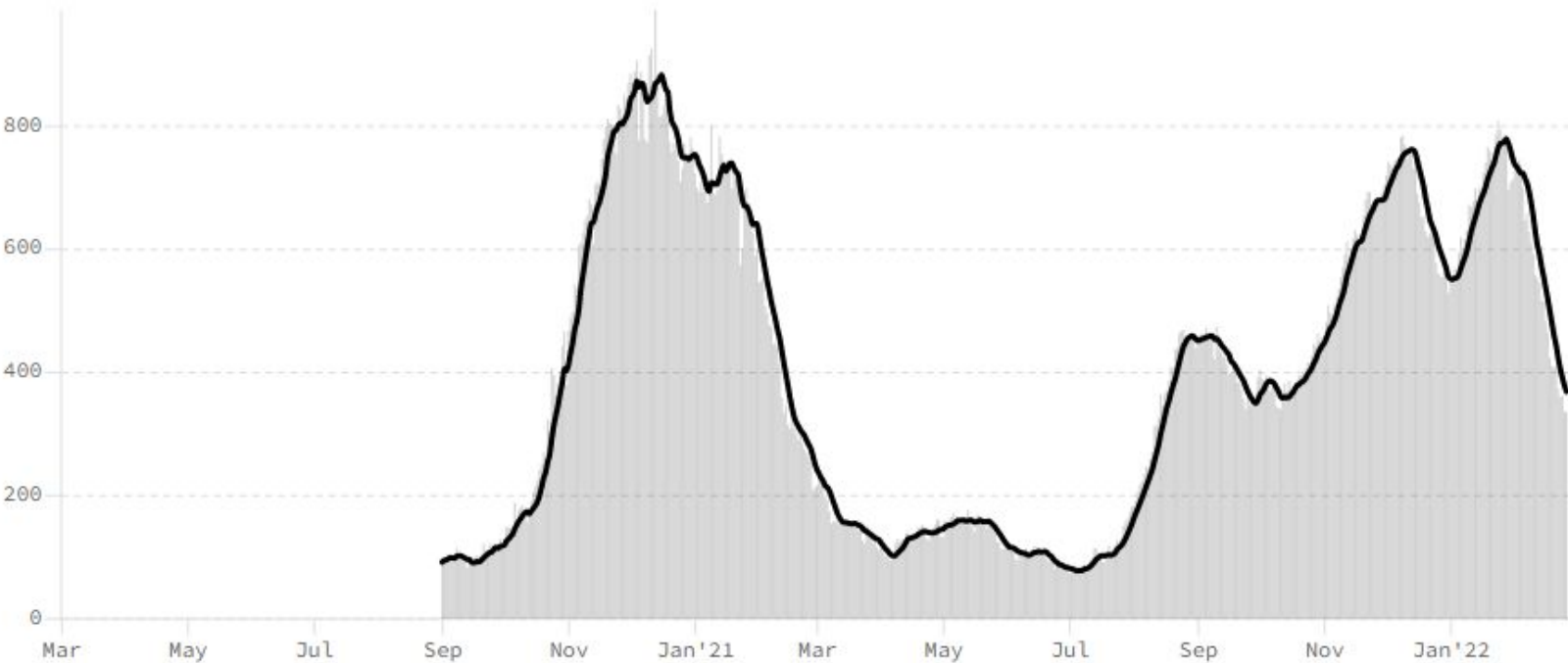
● 81%

ICU PATIENTS

81.6

HOSPITALIZED PATIENTS

369.1

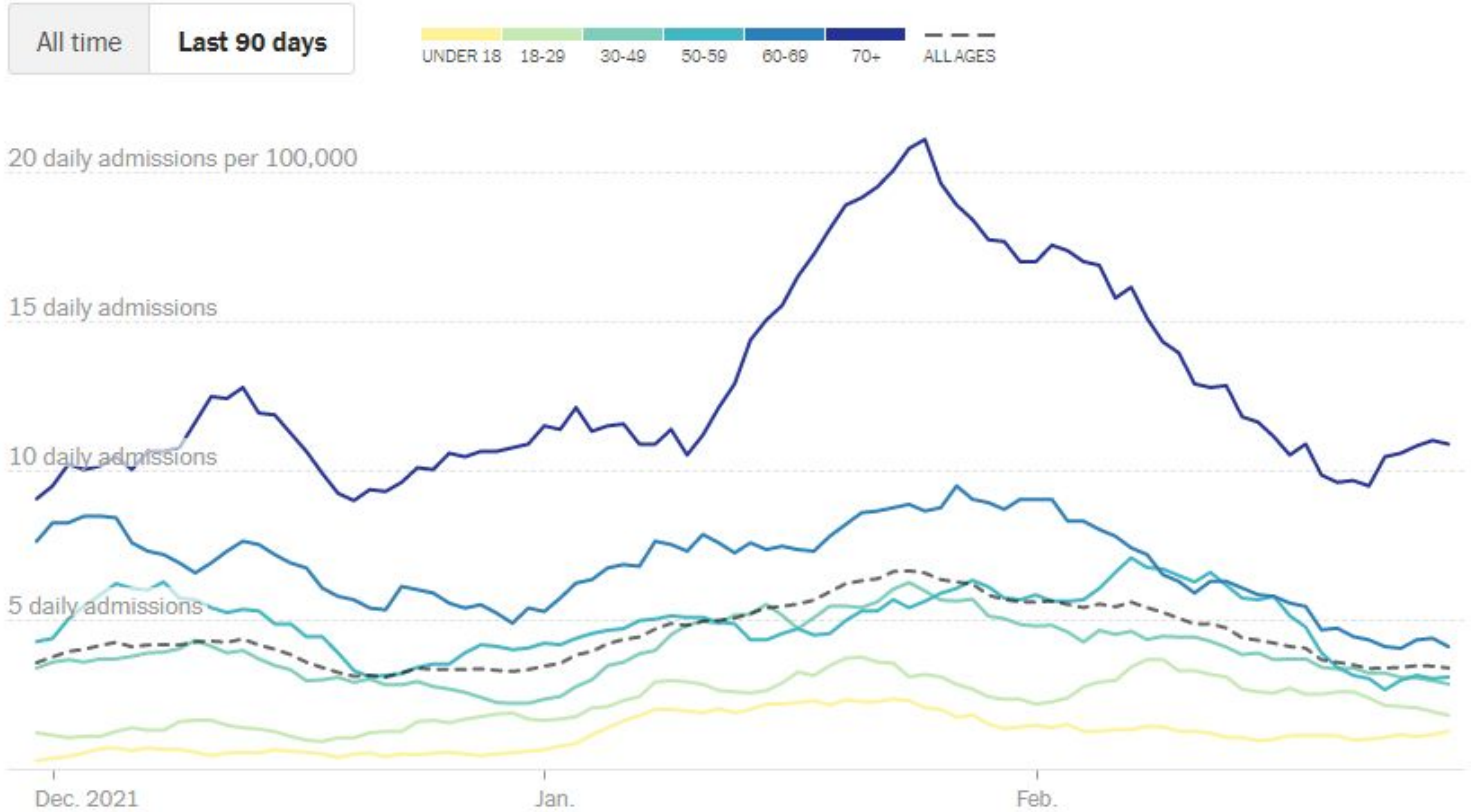


■ Current COVID Hospitalizations — 7 Day Average

Over the last week, New Mexico has averaged 369.1 COVID patients in hospitals. [About this data](#)

Share

# Daily new hospital admissions by age in New Mexico

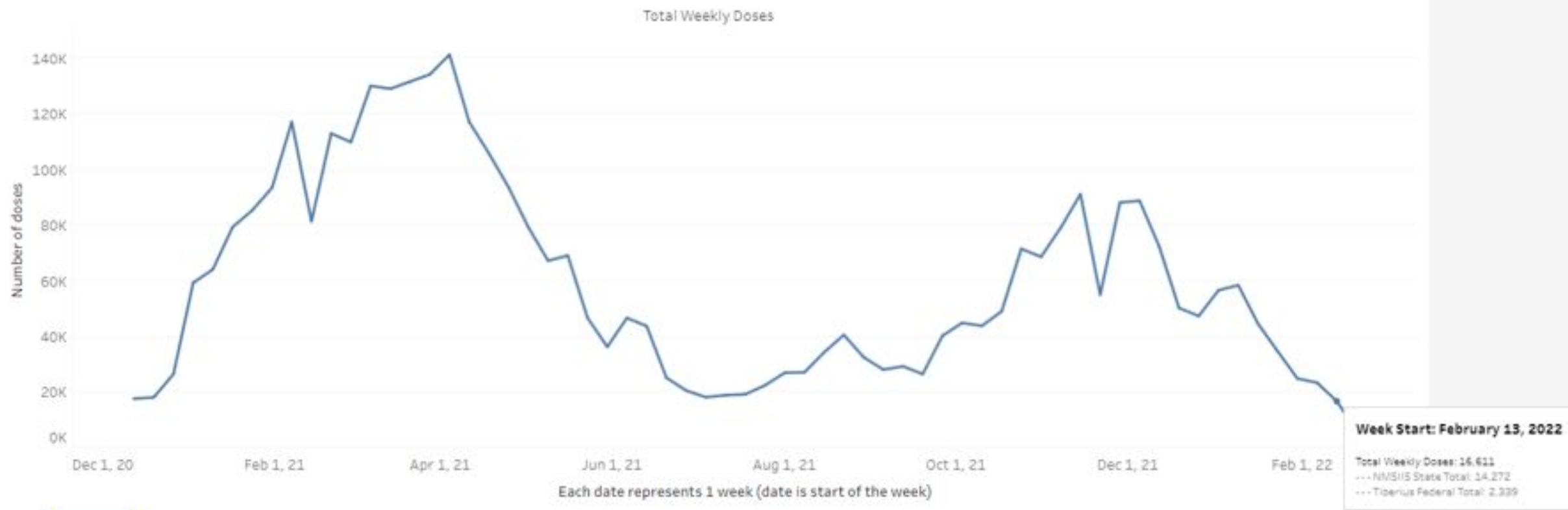


About this data:

Sources: [U.S. Department of Health and Human Services](#) (daily confirmed and suspected Covid-19 hospital admissions); Census Bureau (population data). Data prior to October 2020 was unreliable. Data reported in the most recent seven days may be incomplete.

<https://www.nytimes.com/interactive/2021/us/new-mexico-covid-cases.html>

# Weekly COVID-19 vaccines administered in New Mexico





# State-wide Vaccine Progress for 5+

% of New Mexicans 5+ with at least one dose	% of New Mexicans 5+ with primary series complete
<b>84.9%</b>	<b>71.9%</b>
# of New Mexicans 5+ with at least one dose	# of New Mexicans 5+ with primary series complete
<b>1,682,651</b>	<b>1,424,841</b>

# Vaccine Updates



# Vaccine Watch List

- **Pfizer for 6mo - 4yo** - Pfizer submitted request for EUA for initial 2 doses (rolling request) on 2/1/22 - VRBPAC postponed until April
- ?? 4th doses - the debate continues
- **mRNA dosing interval** - ACIP looking at 8 weeks between dose 1 and 2
- **Peds Pfizer for 5 - 11yo** - 3rd 10 mcg dose being studied
- **Omicron specific vaccine** - both Moderna and Pfizer studying Omicron-based vaccines
- **Novavax** - has WHO EUL - submitted request to FDA 1/31 for EUA
- **Moderna for kids ??**

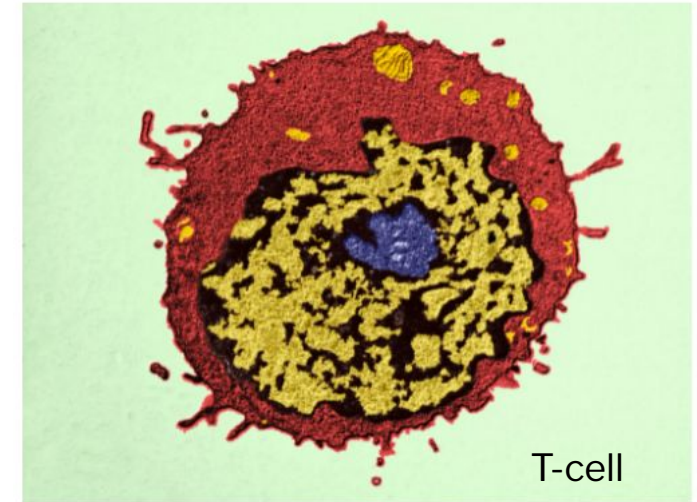


Figure 1. COVID-19 Vaccination Schedule\*

Vaccine	0 month	1 month	2 month	3 month	4 month	5 month	6 month	7 month
<b>Pfizer-BioNTech</b> (ages 5–11 years)	1 <sup>st</sup> dose	2 <sup>nd</sup> dose (3 weeks after 1 <sup>st</sup> dose)						
<b>Pfizer-BioNTech</b> (ages 12 years and older)	1 <sup>st</sup> dose	2 <sup>nd</sup> dose† (3–8 weeks after 1 <sup>st</sup> dose)					Booster dose‡ (at least 5 months after 2 <sup>nd</sup> dose)	
<b>Moderna</b> (ages 18 years and older)	1 <sup>st</sup> dose	2 <sup>nd</sup> dose† (4–8 weeks after 1 <sup>st</sup> dose)					Booster dose‡ (at least 5 months after 2 <sup>nd</sup> dose)	
<b>Janssen</b> (ages 18 years and older)	1 <sup>st</sup> dose		Booster dose‡ (at least 2 months after 1 <sup>st</sup> dose)					

Note: Timeline is approximate. Intervals of 3 months or fewer are converted into weeks per the formula “1 month = 4 weeks”. Intervals of 4 months or more are converted into calendar months.

\* See [Guidance for COVID-19 vaccination for people who are moderately or severely immunocompromised](#) for schedule for people who are moderately or severely immunocompromised.

† An 8-week interval may be optimal for some people ages 12 years and older, especially for males ages 12 to 39 years. A shorter interval (3 weeks for Pfizer-BioNTech; 4 weeks for Moderna) between the first and second doses remains the recommended interval for: people who are moderately or severely immunocompromised; adults ages 65 years and older; and others who need rapid protection due to increased concern about community transmission or risk of severe disease.

‡ An mRNA COVID-19 vaccine is preferred over the Janssen COVID-19 Vaccine for booster vaccination of people ages 18 years and older. For people ages 12–17 years, only Pfizer-BioNTech can be used. People ages 5–11 years should not receive a booster dose.

02/23/22



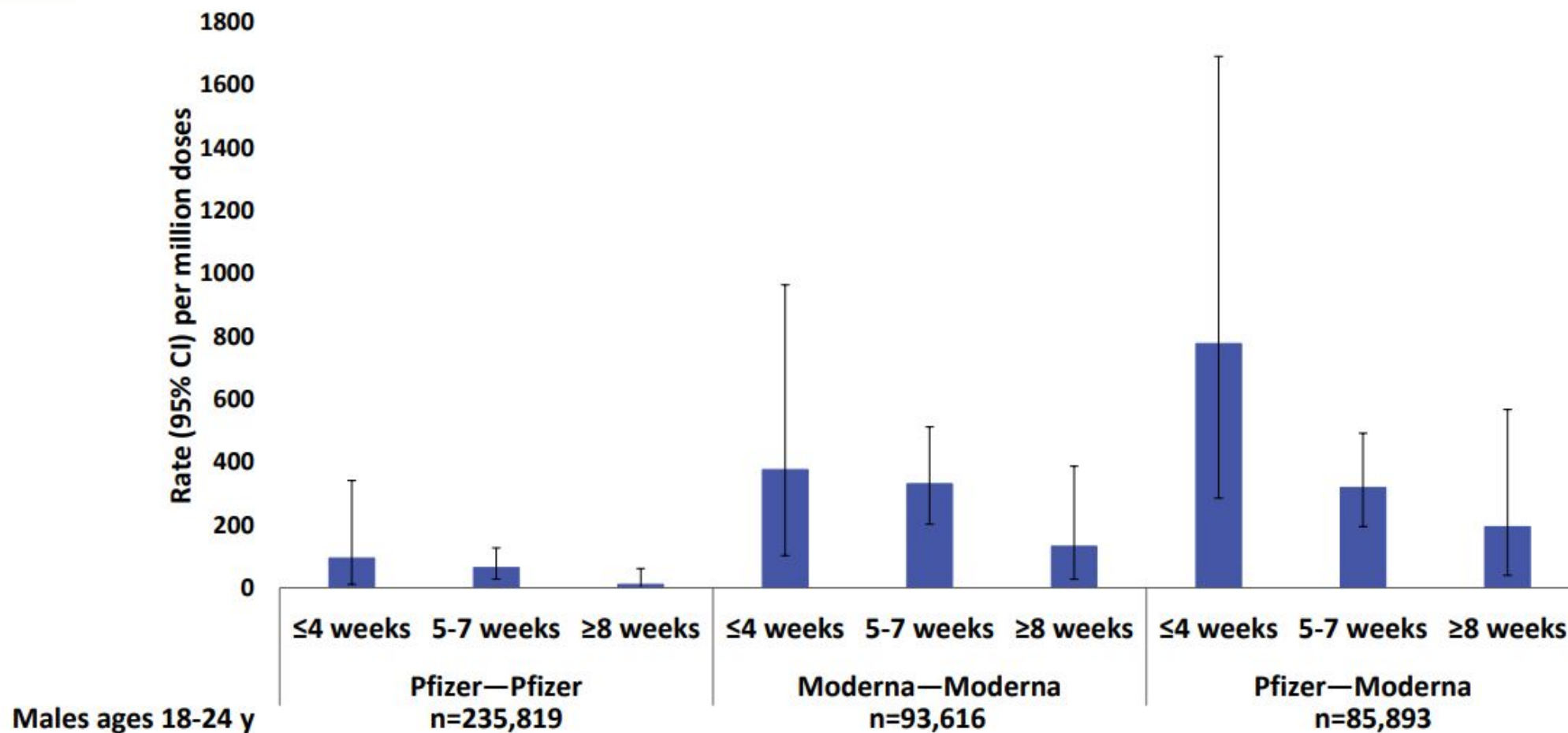
# New interval option between dose 1 and dose 2 of mRNA vaccines

An 8-week interval may be optimal for some people ages 12 years and older, especially for males ages 12 to 39 years.

A shorter interval (3 weeks for Pfizer-BioNTech; 4 weeks for Moderna) between the first and second doses remains the recommended interval for: people who are moderately to severely immunocompromised; adults ages 65 years and older; and others who need rapid protection due to increased concern about community transmission or risk of severe disease

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#primary-series>

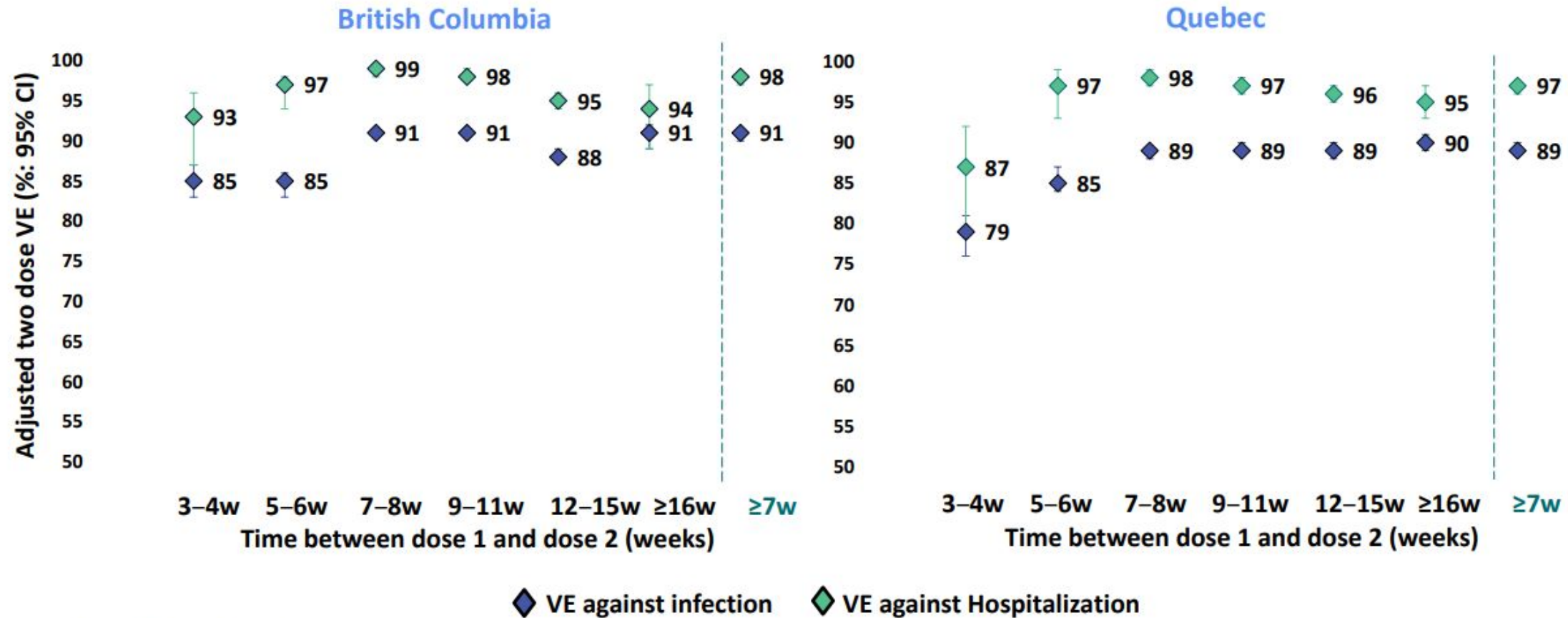
## Ontario, Canada: Reporting rate of myocarditis/pericarditis per million doses among males ages 18–24 years by vaccine product\* and interval



Source: Buchan S et al. Dec 2021, MedRxiv preprint.

\*Moderna-Pfizer not shown here because there were no reported events in males ages 18–24 years; a smaller number of males in this age group received this schedule (n=8,853).

# British Columbia and Quebec, Canada: Vaccine effectiveness of any two doses of mRNA vaccines by primary series interval



Source: Skowronski DM. 2021, MedRxiv preprint.

[Updated Guidance for Clinicians on COVID-19 Vaccines \(cdc.gov\)](https://www.cdc.gov/vaccines/imz/downloads/pdf/covid19/2021-08-10-covid-19-vaccine-effectiveness-2021-08-10.pdf)

# Protection against SARS-CoV-2 after Covid-19 Vaccination and Previous Infection

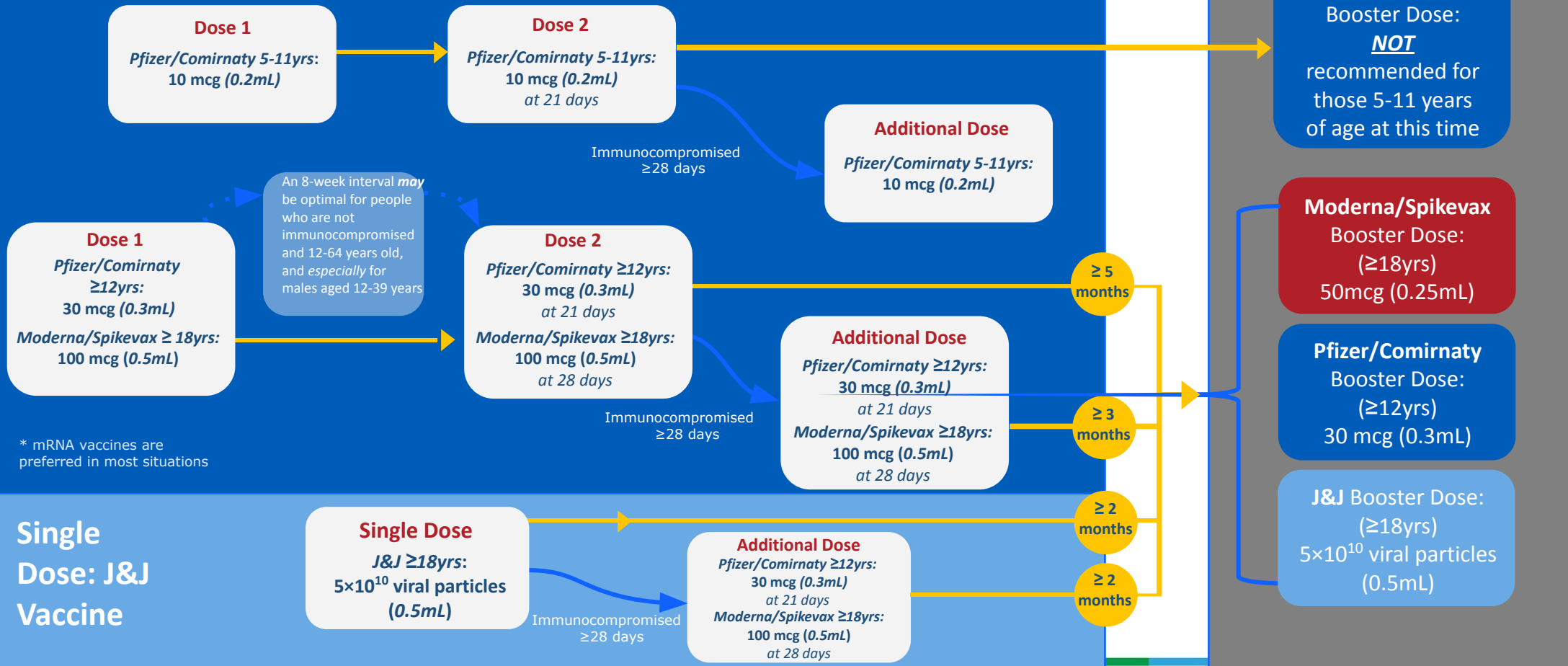
Victoria Hall, F.F.P.H., Sarah Foulkes, M.Sc., Ferdinando Insalata, M.Sc., Peter Kirwan, B.Sc., Ayoub Saei, Ph.D., Ana Atti, M.Sc., Edgar Wellington, M.Sc., Jameel Khawam, M.Sc., Katie Munro, M.Sc., Michelle Cole, D.B.M.S., Caio Tranquillini, M.D., Andrew Taylor-Kerr, M.P.P., et al., for the SIREN Study Group\*

- Study population: Healthcare workers
- Findings: no significant difference between the BNT162b2 vaccine (Pfizer) administered with a short interval between doses and that administered with a long interval between doses with respect to protection against infection after two doses
- other studies show considerably higher antibody, B-cell, and T-cell responses in participants who had long-interval regimens than in those who had short-interval regimens



# COVID-19 Vaccine Recommendations With Additional and Booster Doses

## mRNA Two Dose : Pfizer and Moderna Vaccine\*

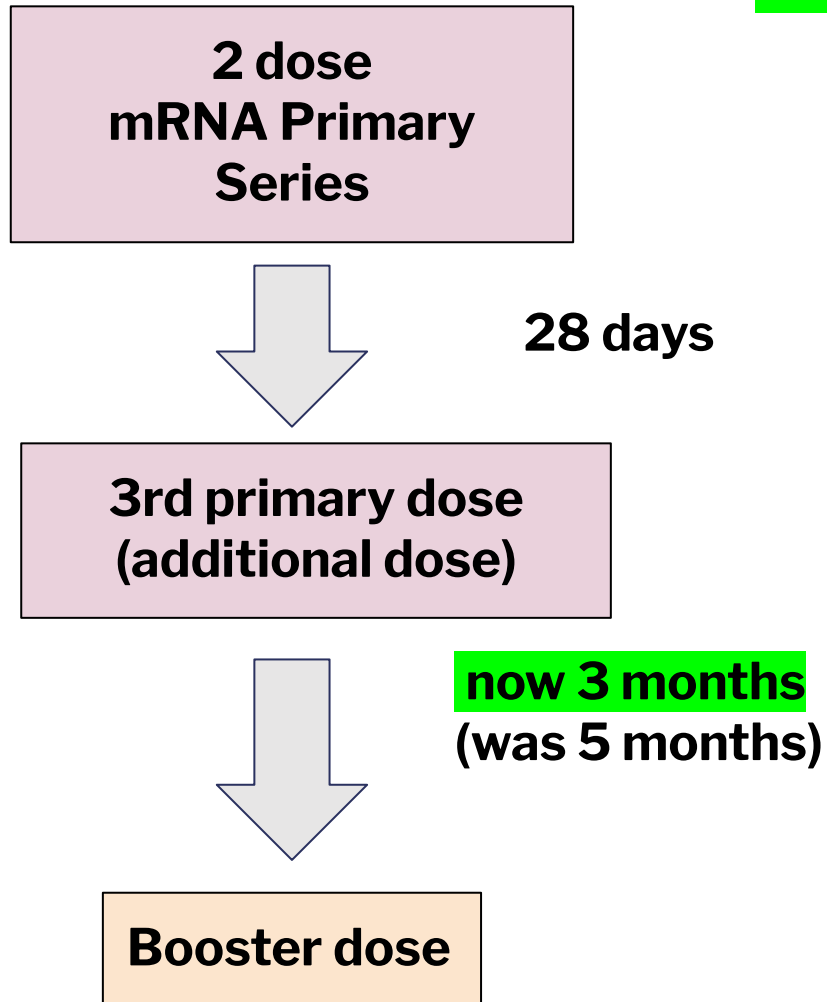


# Immune Compromised



# Vaccine for Immune compromised individuals:

## 4 Doses Total



# Text to People who indicated Immune Compromise in RTS

When you registered for the COVID-19 vaccine, you indicated you may be immunocompromised. If this is still the case, you may be eligible to receive additional vaccine and medication to help prevent severe illness from COVID-19. Wearing a KN95 or N95 mask while indoors with other people can also reduce your risk of getting COVID-19. Visit [Toolkit for People who are Immunocompromised: Extra Layers of Protection | NMDOH - Coronavirus Updates \(nmhealth.org\)](#) or call 1-855-600-3453, Option 3 to learn more

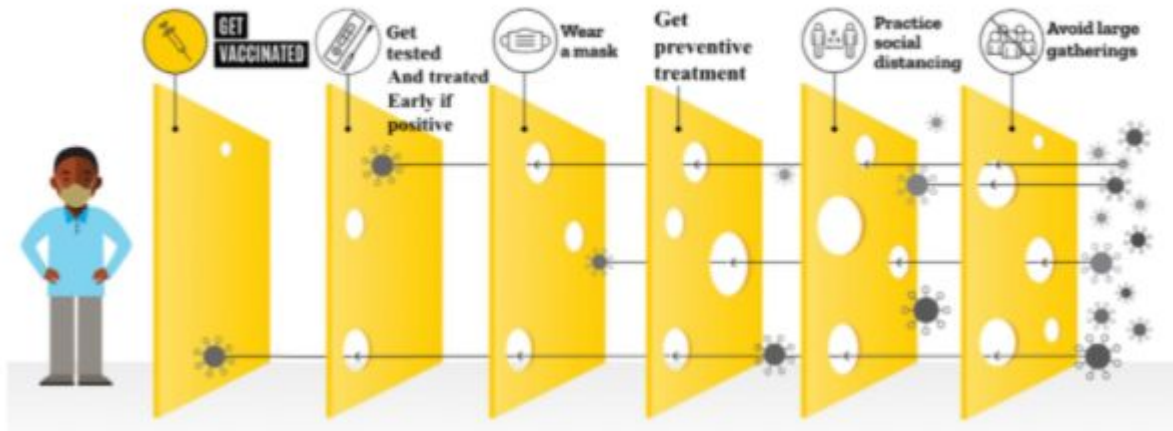


# Tool Kit for immune compromised

## Toolkit for People who are Immunocompromised: Extra Layers of Protection

To protect yourself, a “toolkit” of extra layers of protection against COVID-19 is recommended:

Toolkit	F
#1 Vaccination	F
#2 Long-Acting Antibodies	L
#3 Mask Wearing	E
#4 Early Testing	C
#5 Early Treatment	E
#6 Social distancing & avoiding large gatherings	Il y



ore rapidly

7

o help protect

# Who Is Moderately or Severely Immunocompromised?

Moderate and severe immunocompromising conditions and treatments include but are not limited to:

- Active treatment for solid tumor and hematologic malignancies
- Receipt of solid-organ transplant and taking immunosuppressive therapy
- Receipt of chimeric antigen receptor (CAR)-T-cell therapy or hematopoietic cell transplant (HCT) (within 2 years of transplantation or taking immunosuppression therapy)
- Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection (people with HIV and CD4 cell counts  $<200/\text{mm}^3$ , history of an AIDS-defining illness without immune reconstitution, or clinical manifestations of symptomatic HIV)
- Active treatment with high-dose corticosteroids (i.e.,  $\geq 20$  mg prednisone or equivalent per day when administered for  $\geq 2$  weeks), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor necrosis factor (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory

[Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC](#)

# some exceptions may apply . . .

People can self-attest to their moderately to severely immunocompromised status and receive COVID-19 vaccine doses wherever vaccines are offered. Vaccinators should not deny COVID-19 vaccination to a person due to lack of documentation.

On a case-by-case basis, providers of moderately or severely immunocompromised patients may administer mRNA COVID-19 vaccines outside of the FDA and CDC dosing intervals based on clinical judgement when the benefits of vaccination are deemed to outweigh the potential and unknown risks for the recipient. However, providers should not routinely administer additional doses of COVID-19 vaccine beyond those recommended in this guidance.

[Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC](#)

# Vaccine Updates for People who are Immune Compromised

1. Boosters for immune compromised people 12+ following mRNA primary series and 3<sup>rd</sup> dose can now be given at **3 months** after the 3<sup>rd</sup> dose (shortened from 5 months)
2. For immune compromised people 18+ who got a J&J primary, it is now recommended to get an mRNA 2<sup>nd</sup> dose at 28 days followed by a booster 2 months after the 2<sup>nd</sup> dose.
3. For those who already got a booster after J&J → there's a chart for this: Appendix B. Guidance for People who are Moderately or Severely Immunocompromised and Vaccinated with Janssen COVID-19 Vaccine




# COVID19 Updates

# People with Certain Medical Conditions - updated 2/15/22

CDC has updated the [list of certain medical conditions](#) that put people at higher risk of getting very sick from COVID-19 to include **additional disabilities, primary immunodeficiency, and physical inactivity**

## Disabilities

People with some types of disabilities may be more likely to get very sick from COVID-19 because of underlying medical conditions, living in congregate settings, or systemic health and social inequities, including:

- [People with any type of disability that makes it more difficult to do certain activities or interact with the world around them, including people who need help with self-care or daily activities](#)
- [People with attention-deficit/hyperactivity disorder \(ADHD\)](#)
- [People with cerebral palsy](#)
- [People with birth defects](#)
- [People with intellectual and developmental disabilities](#)
- People with learning disabilities
- [People with spinal cord injuries](#) 
- [People with Down syndrome](#)

Get more information:

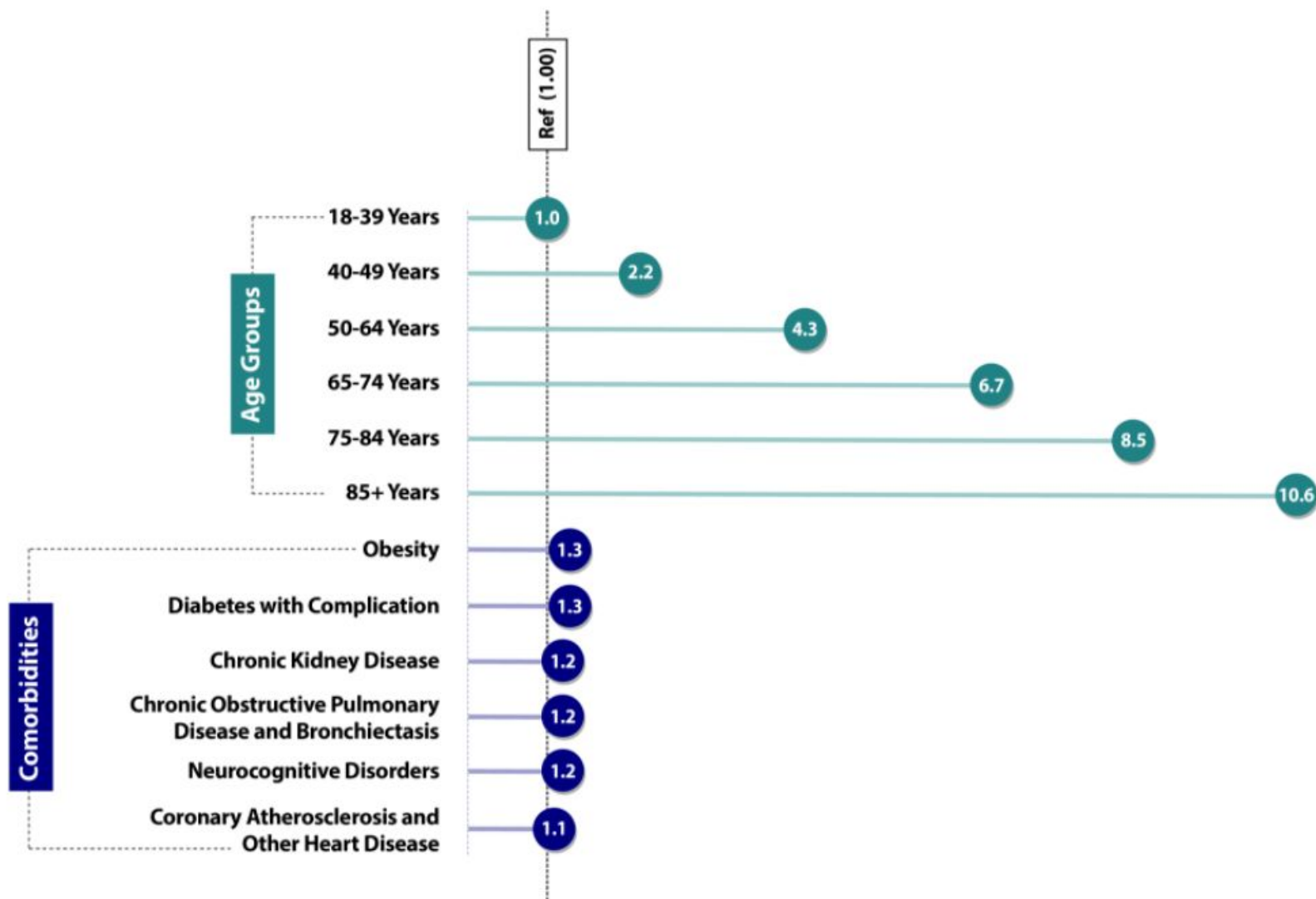
- [People with Disabilities | COVID-19](#)

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/underlyingconditions.html> (for providers)

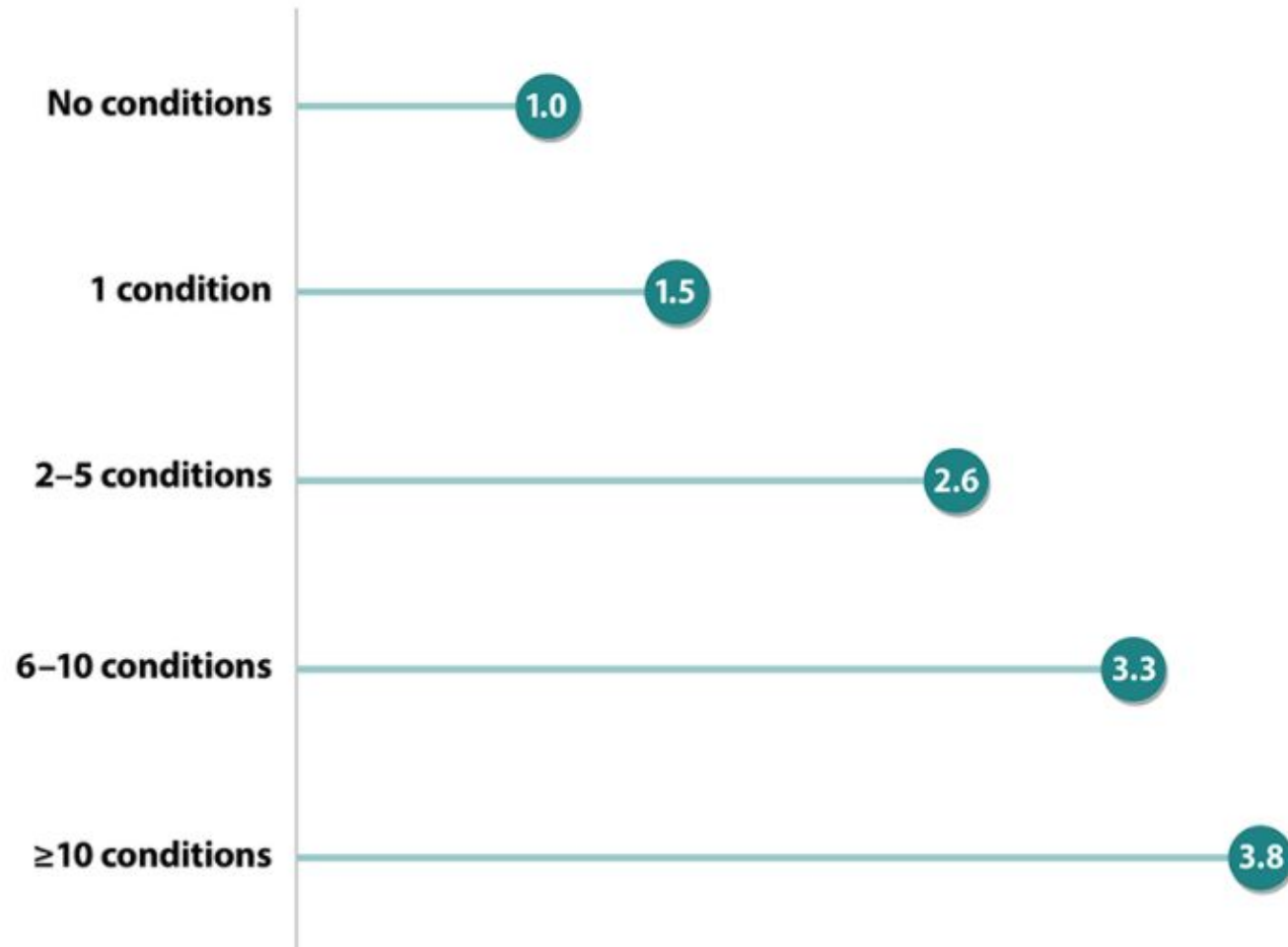
<https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/underlying-evidence-table.html> (for providers)

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html> (for public)

## COVID-19 Death Risk Ratio (RR) for Select **Age Groups** and **Comorbid Conditions**



## COVID-19 Death Risk Ratio (RR) Increases as the Number of Comorbid Conditions Increases





# Therapeutics Update

<https://cv.nmhealth.org/treatments/>

[Information for Providers | NMDOH - Coronavirus Updates \(nmhealth.org\)](#)



**U.S. FOOD & DRUG  
ADMINISTRATION**

## FDA Authorizes Revisions to Evusheld Dosing - Drug Information Update

*U.S. Food and Drug Administration sent this bulletin at 02/24/2022 05:29 PM EST*

FDA has increased the initial authorized dose of Evusheld to 300 mg of tixagevimab and 300 mg of cilgavimab.



# People at High Risk for Severe COVID should get treatment

- Pregnancy
- Immunosuppressed (i.e. organ transplant, recent chemotherapy)
- Chronic Kidney Disease
- Age 65 and older
- BMI 35 or higher
- Chronic respiratory disease >55 y.o.
- Cardiovascular disease >55 y.o.
- Diabetes
- Hypertension >55 y.o.

<https://cv.nmhealth.org/treatments/>

SEARCH FOR

WITHIN 15 MILES OF ZIP CODE

IN-STOCK

Any Therapeutic

Enter zip code...

Yes

Search

NAME	THERAPEUTIC	REFERRAL REQUIRED	IN STOCK	ADDRESS
ACOSTA MEDICAL CLINIC	Evusheld	Yes	Yes	2550 SAMARITAN DR, SUITE 205, LAS CRUCES, NM 88001
ATHRITIS TREATMENT SPECIALISTS, LLC	Evusheld	No	Yes	7770 Tierra de Mesilla, Las Cruces, NM 88005
AXCES Health	Sotrovimab	Yes	Yes	531 Harkle Road, Suite B, Santa Fe, NM 87505
<div>Referral Information</div> <div>Accepts outside referrals and also administers after testing + for covid if patient meets Criteria. A \$200 fee is charged each but patient can submit to insurance on their own for reimbursement.</div>				
Albuquerque ER and Hospital	Sotrovimab	No	Yes	9310 Coors Boulevard NW, Albuquerque, NM 87114
<div>Referral Information</div> <div>Doesn't accept Medicare or Medicaid. Patients only seen in the ER that meet guidelines receive med</div>				
CHRISTUS ST. VINCENT CANCER CENTER	Evusheld	No	Yes	490 A W Zia Rd, Santa Fe, NM 87505
<div>Referral Information</div> <div>MUST BE AN ESTABLISHED PATIENT.</div>				
CHRISTUS ST. VINCENT HOSPITAL	Evusheld	Yes	Yes	455 ST. MICHAELS DR, SANTA FE, NM 87505
CHRISTUS St Vincent Regional Medical Center	Sotrovimab	No	Yes	455 St. Michaels Drive, Santa Fe, NM 87505
<div>Referral Information</div> <div>ER patients that meet criteria.</div>				
CONTIGO COMPOUNDING AND INFUSION PHARMACY	Molnupiravir	No	Yes	8300 Carmel Ave NE, STE 601, ALBUQUERQUE, NM 87122
Community, A Walgreens Pharmacy (#16544)	Paxlovid	No	Yes	933 SAN MATEO BLVD NE, SUITE 501, ALBUQUERQUE, NM 87108
Community, A Walgreens Pharmacy (#16544)	Paxlovid	No	Yes	933 SAN MATEO BLVD NE, SUITE 501, ALBUQUERQUE, NM 87108
Covenant Health Hobbs aka LRMH	Sotrovimab	Yes	Yes	5419 N Lovington Highway, Hobbs, NM 88240
<div>Referral Information</div> <div>Accepts outside referrals by appointment only no E.R. administration. Very short staffed takes in a minimal amount of patients daily. Fax to 375-492-3287.</div>				
DEL REY PHARMACY	Molnupiravir	No	Yes	3291 DEL REY BLVD UNIT C, LAS CRUCES, NM 88012
DR. DAN C. TRIGG MEMORIAL HOSPITAL	Evusheld	Yes	Yes	301 E. MIEL DE LUNA, TUCUMCARI, NM 88401

Therapeutic	Reduction In hospitalization & death	Route	Treatment Initiation from Symptom Onset	Preference
<b>Paxlovid (Nirmatrelvir/Ritonavir)</b> 300mg/100mg po BID x 5 days	88%	Oral	Within 5 days	<b>1<sup>st</sup> Tier</b>
<b>Remdesivir</b>	87%	IV	Within 7 days	<b>1<sup>st</sup> Tier</b>
<b>Sotrovimab</b>	85%	IV	Within 10 days	<b>2<sup>nd</sup> Tier</b>  Reserve use for those whom: Tier 1 medication contraindicated/unavailable
<b>Molnupiravir 200mg</b>  4 tabs po BID x 5 days	30%	Oral	Within 5 days	<b>3<sup>rd</sup> Tier</b>  Utilize when other treatment options are contraindicated or unavailable
<b>Bebtelovimab</b>	Clinical trial not powered or designed to determine difference in clinical outcomes	IV	Within 7 days	<b>3<sup>rd</sup> Tier</b>  Utilize when other treatment options are contraindicated or unavailable



# The MASK Mandate



MICHELLE LUJAN GRISHAM  
Governor

DAVID R. SCRASE, M.D.  
Acting Cabinet Secretary

**PUBLIC HEALTH ORDER  
NEW MEXICO DEPARTMENT OF HEALTH  
ACTING SECRETARY DAVID R. SCRASE, M.D.**

**February 17, 2022**

**Public Health Emergency Order Clarifying that Current Guidance Documents, Advisories, and Emergency Public Health Orders Remain in Effect; and Amending Prior Public Health Emergency Orders to Impose Certain Public Health Measures**

# Some settings in NM still require masks

- Hospitals
- Nursing homes,
- Assisted living facilities,
- Adult day cares,
- Hospice facilities,
- Rehabilitation facilities,
- State correctional facilities,
- Juvenile justice facilities,
- Residential treatment centers
- The New Mexico State Veterans' Home
- community homes
- Public transport (federal requirement)

## ➤ **Schools can choose**

- Nothing in this Order shall be construed as prohibiting any business, house of worship, non-profit entity, or other entity from imposing more stringent requirements



# Messaging and Resources



[Resource Center](#)

[Grant Program](#)

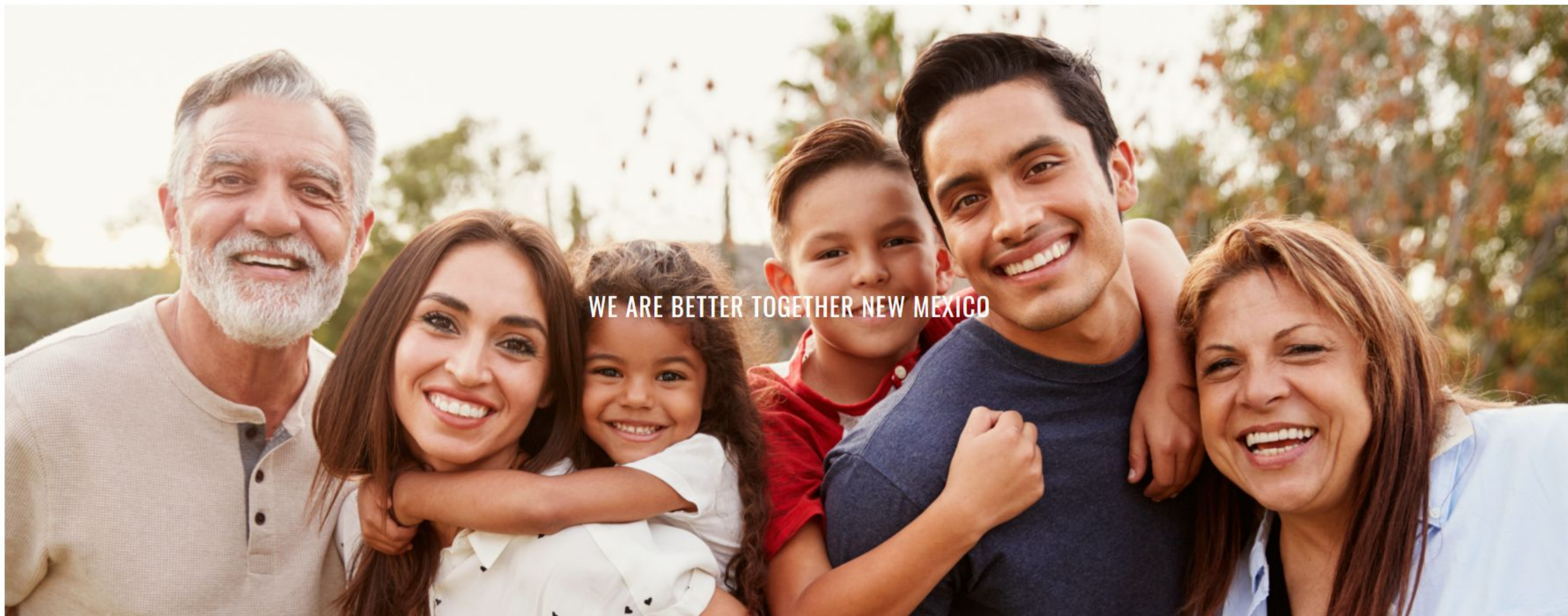


[Login](#)



[NM Vaccine Dashboard](#)

WE ARE BETTER TOGETHER NEW MEXICO





# Better Together New Mexico Resources Page



## MARKETING MATERIALS

Get access to the most recent marketing materials and campaigns in NM.



## COMMUNITY RESOURCES

Below is a list of resources to give you easy access to the tools and support available in NM.

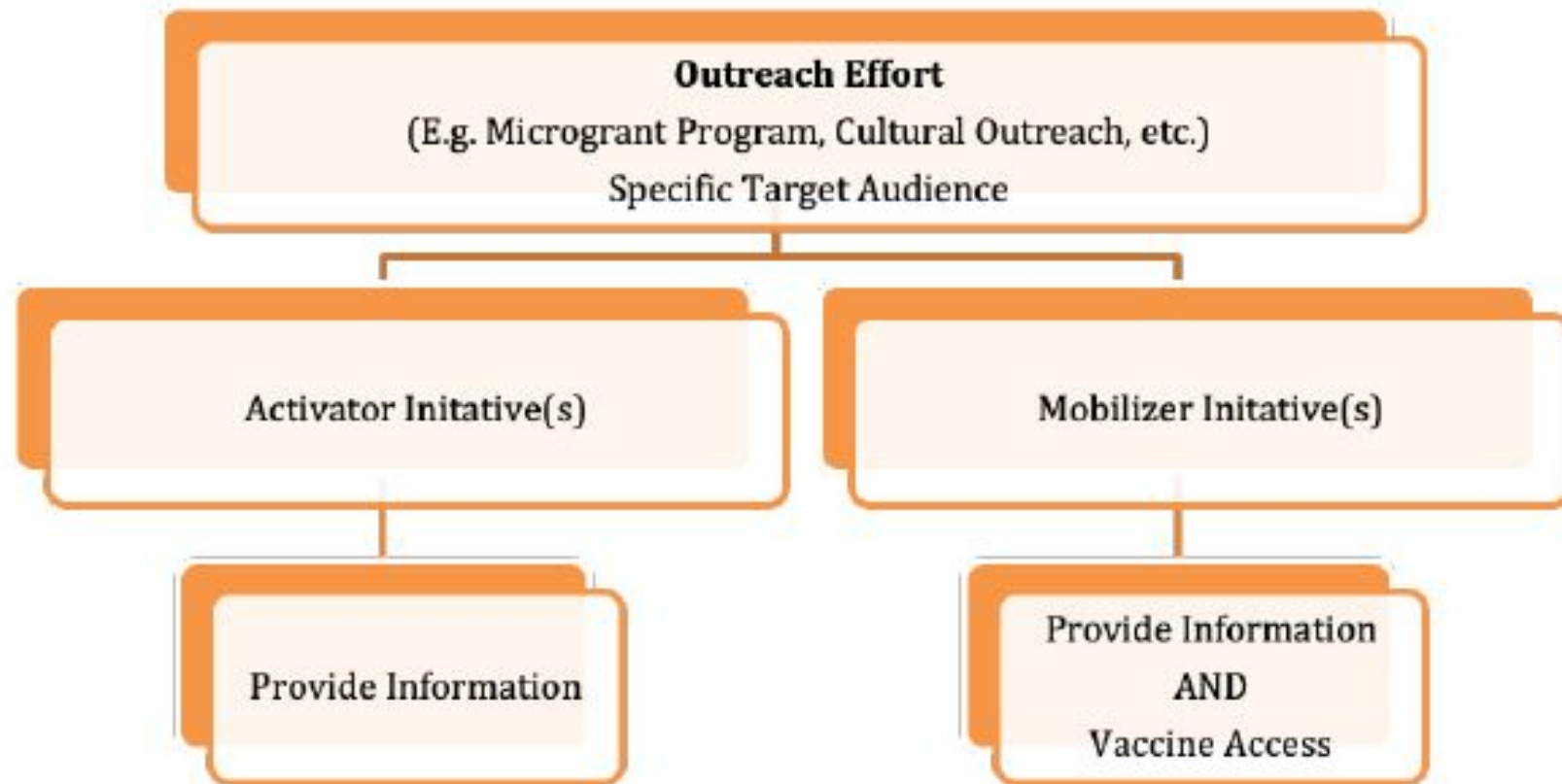


## RESEARCH + POLICIES

The latest research and statistics in NM.

<https://www.bettertogethernm.com/>

# Better Together Grant Program Overview



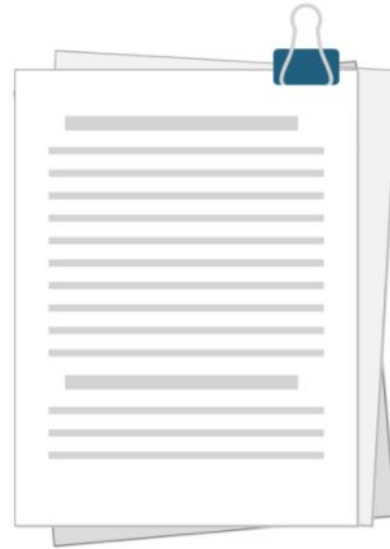
# Better Together New Mexico Grant Application Page



Grant Guidelines

View the Grant Guidelines to determine if your organization is a good fit for this important outreach effort. Refer back to them when you are creating your application.

[All the Details](#)



Blank Application PDF

Review this PDF of the blank application to see all the questions and prepare to submit your own application. Actual submission must be through the online portal, access below.

[Review it Now](#)



Latest Presentation - Grant Announcement

View this pdf learn more about how we are working hard to manage this program differently. To engage populations that have not been reached in the past.

[February 18, 2022](#)

[Grant Program — Better Together New Mexico \(bettertogethernm.com\)](https://bettertogethernm.com)

# Better Together New Mexico Resources Page

## Recap

- Application Opens Monday, February 21 & Closes March 31 @ Midnight
- Eligible to Apply for up to \$200,000 to be used through June 30, 2024
- Established Community Based Organizations & Governments
- [BetterTogetherNM.org](https://www.bettertogethernm.org) – Grant Program
- For Assistance: [Acacia@MomentumSantaFe.com](mailto:Acacia@MomentumSantaFe.com) or [Audrey@MomentumSantaFe.com](mailto:Audrey@MomentumSantaFe.com)

<https://www.bettertogethernm.com/>

# DOH Contact Information for Providers

CONTACT INFO	DESCRIPTION
<b>COVID.Vaccines@state.nm.us</b>	COVID-19 Vaccine Record requests; Provider COVID-19 Vaccine Order status; NMSIIS assistance.
<b>COVID.Therapeutics@state.nm.us</b>	Provider questions regarding COVID oral therapeutics (Molnupiravir and Paxlovid); COVID PrEP (Evusheld); mAB; or Remdesivir
<b>COVIDData.compliant@state.nm.us</b>	COVID-19 vaccine storage and handling questions, temperature log and onboarding Vaccine Plan submissions.
<b>COVID.testing-doh@state.nm.us</b>	For Provider questions on testing and test supplies



# DOH Contact Information for Patients

CONTACT INFO	DESCRIPTION
<b>COVID-19 Hotline: 1-855-600-3453</b>	Users who have questions or would like support with vaccine registration and testing
<b>ALTSD assistance: 1-800-432-2080</b>	For seniors and those with disabilities who need support with vaccine registration and scheduling.
<b>1-833-551-0518</b>	For non-health related COVID-19 questions

**THANK YOU for all that you do!**

